



# State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/16/2012

Business ID: 47466

William M. Gardner

Secretary of State

CROWN POINT CABINETRY CORP.

PO BOX 1560

CLAREMONT, NH 03743

## ADDRESS OF PRINCIPAL OFFICE:

462 RIVER ROAD

CLAREMONT, NH 03743

## REGISTERED AGENT AND OFFICE:

STOWELL, REBECCA C

153 CHARLESTOWN RD

CLAREMONT, NH 03743

ENTITY TYPE: CORPORATION

BUSINESS ID: 47466

STATE OF DOMICILE: NEW HAMPSHIRE

MILLWORK AND CABINET SHOP PRODUCTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Brian D Stowell

STREET 462 River Road

CITY/STATE/ZIP Claremont Nh 03743

SEC'Y. Rebecca C Stowell

STREET 462 River Road

CITY/STATE/ZIP Claremont Nh 03743

TREAS. Rebecca C Stowell

STREET 462 River Road

CITY/STATE/ZIP Claremont Nh 03743

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Brian D Stowell

STREET 462 River Road

CITY/STATE/ZIP Claremont Nh 03743

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Rebecca C Stowell

Please print name and title of signer:

Rebecca C Stowell

/

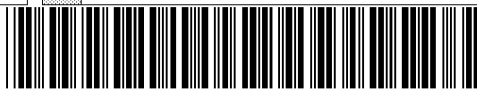
TREASURER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



4746620121003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529